(address where all campaign finance correspondence is received)

State

ΙN

6. Office sought (include district number, if any. Not required for exploratory committee)

State Form 48492 (R3/11-05) Indiana Election Committee (IC 3-9-5-20.1; 3-9-5-22) (CFA-11)

	FILE NUMBER
	1234567
	TOTAL PAGES IN ENTIRE CFA-11 REPORT
s repo	ort 8
2 ·Cc	ommittee telephone number
	7) 777-7276
	Check If this is a new address
	5. Party affiliation or if independent
	Democrat

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report Please type or print legibly. IN BLACK INK, all information on this form, For assistance in completing this form, see instructions on the reverse side.

1. Full name of candidate(include any nickname)

133 W. Market Street #190

10/26/2015

Mr. Joe Hogsett

3. Mailing address

Indianapolis

8.. Reporting Period

4. City

Mayor

From:

CONTRIBUTOR	S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED
(street,	number, city, state, ZIP code)	OR OTHER RECEIPT	CONTRIBUTION	RECEIVED BY
Classification LAB	Amalgamated Transit Union Local 1070 202 S Addison St Indianapolis, IN.46222	Contributions: Direct In-Kind (describe)		10/27/2015
	ipation (if applicable)	Other Receipts Interest Loan Misc. (specify)	\$1,000.00	

COMMITTEE INFORMATION

ZIP Code

46204

Through:

7. County of residence

Marion

10/27/2015

Check if this is a new name

CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BI	ERTIFICATION EST OF MY KNOWLEDGE AND BELIEF IT IS TRUI	E, CORRCET AND ACCURATE
Signature of Ireasurer Phonds	The Treasures	Date 10 · 2 7 /5
Signature of Candidate (if applicable)		Date

person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who falls to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18) FOR OFFICE USE ONLY

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completing this form, see instructions on the	e reverse side.				•
	COMN	NITTEE INFORMATION			
1. Full name of candidate(include any nickn Mr. Joe Hogsett		if this is a new name 2. C		telephone number 7-7276	
3. Mailing address (address where all car 133 W. Market Street #190	mpalgn finance corres	pondence is received)	Ch	eck if this is a new addre	SS
4. City	State	ZIP Code	5. Part	y affiliation or if independ	ent
Indianapolis	IN	46204	Demo	crat	•
6. Office sought (include district number, if a	any. Not required for	exploratory committee)	7. Cou	nty of residence	
Mayor			Mari	on	
8 Reporting Period From: 10/26/2015		Through:	0/27/2	015	
For classification, enter INDV for individu		action committee; CORP	for corpo	oration; LAB for labor o	rganization; NONE
CONTRIBUTOR'S FULL NAME AND O MAILING ADDRESS (Street, number, city, state, Z		TYPE OF CONTRIBUTI OR OTHER RECEIP		LUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED RECEIVED BY
Classification CORP Anthem, Inc. PO Box 68086 Cincinnati,	i P.	Contributions: ☑ Direct ☐ In-Kind (describe)			10/27/2015
Contributor's Occupation (if applicable)		Other Receipts Interest Loan Misc. (specify)	_ .	\$2,000.00	

Signature of Treasure Phonds	Title Iveus wer	Date 10 · 2 7 · 1 S
Signature of Candidate (if applicable)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date

accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

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Myla a Eldudge

State Form 48492 (R3/11-05) Indiana Election Committee (IC 3-9-5-20,1: 3-9-5-22) (CFA-11)

FILE NUMBER

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(CFA-11

<u> </u>				TOTAL PA	GES IN ENT	TRE CFA-11 REPORT
INSTRUCTIONS: Only candidates receiving a Please type or print legibly IN BLACK INK all completing this form, see instructions on the re	I information on this	" are required to file the form. For assistance	nis report in		8	
	COMIN	NITTEE INFORMATIC	N N	_		
1. Full name of candidate (include any nicknam Mr. Joe Hogsett		if this is a new name	2. Com	nmitteé telephone n > 777-7276	umber	
3. Mailing address (address where all camps 133 W. Market Street #190	aign finance corres	pondence is received)		Check if this is	a new addre	SS
4. City	State	ZIP Code	1	5. Party affiliation o	r if independ	ent
Indianapolis	IN	46204	T	Democrat		
6. Office sought (include district number, if any Mayor	. Not required for	exploratory commit	. 1	7. County of resider	nce	
8 Reporting Period						
From: 10/26/2015	•	Through:	10/	27/2015		
For classification, enter INDV for Individual for all entries which are not one of the abov		action committee; C	ORP for	corporation; LAB	for labor o	rganization; NONE
CONTRIBUTOR'S FULL NAME AND OCC MAILING ADDRESS (street, number, city, state, ZIP		TYPE OF CONTRI OR OTHER RE		COLUMN A AN CONTRIBL		DATE RECEIVED RECEIVED BY
Classification INDV Michael G Brow 6100 W 96th St Ste 250 Indianapolis,		Contributions: Direct In-Kind (descri	be)			10/26/2015
Rea Contributor's Occupation (if applicable) Pro	l Estate fessional	Other Receipts Interest Misc. (specify	Loan y)	\$8,	000.00	

	CERTIFICATION FY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRCET AND ACCURATE			
Signature of Treasurer Rhoods	Title (reasura	Date (0.27.15	EII	
Signature of Candidate (if applicable)	Date	FILED		
WARNING: Any information contained in this report may reperson who knowingly files a fraudulent report commits a accurate report as required by the Indiana Campaign Fins subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-16).	Class D felony. (IC 3-14-1-13) A person wi ince Law commits a Class B misdemeanor	ho fails to file a complete or r, (IC 3-14-1-14) and may be	OCT 27 2015	

State Form 48492 (R3/11-05) Indiana Election Committee (IC 3-9-5-20.1: 3-9-5-22)

(CFA-11)

FILE NUMBER
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elephone number

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report Please type or print legibly IN BLACK INK all information on this form, For assistance in completing this form, see instructions on the reverse side.

1 Full name of co	andidate(include any nickname		TTEE INFORMATIC		andta a totophana nomban	
			this is a new name	l	nmittee telephone number	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Mr. Joe Hog	gsett			(317) 777-7276 	
3. Mailing address 133 W. Mark	s <i>(address where all campa</i> ket Street #190	ign finance correspo	ondence is received)	 	Check if this is a new addre	98 8
4. City		State	ZIP Code	\neg \top	5. Party affiliation or if independ	lent
Indianapoli	Ĺs	IN	46204		Democrat	
6. Office sought (include district number, if any.	Not required for e	xploratory commit	tee)	7. County of residence	
Mayor				_ [:	Marion	
Reporting Per From:	od /26/2015		Through:	10/	27/2015	
	n, enter INDV for individual; nich are not one of the above		ction committee; C	ORP for	corporation; LAB for labor o	rganization; NONE
	OR'S FULL NAME AND OCCU MAILING ADDRESS eet, number, city, state, ZIP c		TYPE OF CONTR OR OTHER RE		OCCUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED RECEIVED BY
Classification PAC	CD PAC 8900 Keystone : Ste 900 Indianapolis,		Contributions: Direct In-Kind (descri	be)	62 500 00	10/27/2015
Contributor's Oc	ccupation (if applicable)		Other Receipts Interest Misc. (specifi	Loan V)	\$2,500.00	

	CERTIFICATION FY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORROCT AND ACCURATE.			
Signature of Treasurer - Phodes	Title [Veasurer	Date 0 . 27-15		
Signature of Candidate (if applicable)	·	Date	FILED	
WARNING: Any information contained in this report may reperson who knowingly files a fraudulent report commits a accurate report as required by the Indiana Campaign Fine subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-17).	Class D felony. (IC 3-14-1-13) A person whince Law commits a Class B misdemeanor,	o fails to file a complete or (IC 3-14-1-14) and may be	OCT 27 2015	

State Form 48492 (R3/11-05) Indiana Election Committee (IC 3-9-5-20.1: 3-9-5-22) (CFA-11)

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INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report Please type or print legibly IN BLACK INK all Information on this form. For assistance in

completing this form, see instructions on the rev	erse side.			°	
	COMMIT	TEE INFORMATION			
1. Full name of candidate(include any nickname			Commit	ttee telephone number	
Mr. Joe Hogsett			317)	777-7276	<u>*</u> ,
3. Mailng address (address where all campa 133 W. Market Street #190	ign finance correspo	ndence is received)		Check if this is a new addre	88
4. City	State	ZIP Code	5. P	arty affiliation or if independ	ent
Indianapolis	IN	46204	Det	mocrat	
6. Office sought (include district number, if any.	Not required for ex	cploratory committee)	7. C	County of residence	
Mayor			Ma	rion	
8 Reporting Period From: 10/26/2015		Through:) 10/27 _/	/2015	
For classification, enter INDV for Individual; for all entries which are not one of the above		tion committee; COR	P for co	rporation; LAB for labor o	rganization; NONE
CONTRIBUTOR'S FULL NAME AND OCCU MAILING ADDRESS (street, number, city, state, ZIP o		TYPE OF CONTRIBU OR OTHER RECEI		COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED RECEIVED BY
Classification NONE Christopher B. Engineering, L 115 W Washingt 115 W. Washing Indianapolis,	LC on St ton Street	Contributions: Direct In-Kind (describe)			10/27/2015
Contributor's Occupation (if applicable)		Other Receipts interest Loa Misc. (specify)	n	\$2,000.00	

Date 10. 27.15
10.04.17
Date

warkings: Any mormagine contained in this report may not be copied for sale to use for any commercial purpose, to 5-3-4-9, person who knowlingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who falls to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

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State Form 48492 (R3/11-05) Indiana Election Committee (IC 3-9-5-20.1; 3-9-5-22)

Contributor's Occupation (if applicable) Retired

subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report

(CFA-11)

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\$2,000.00

Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side. COMMITTEE INFORMATION 1. Full name of candidate(include any nickname) Check if this is a new name 2. Committee telephone number (317) 777-7276 Mr. Joe Hogsett Check if this is a new address (address where all campaign finance correspondence is received) Mailing address 133 W. Market Street #190 State ZIP Code 5. Party affiliation or if independent Indianapolis IN 46204 Democrat 6. Office sought (include district number, if any. Not required for exploratory committee) 7. County of residence Marion Mayor 8.. Reporting Period 10/26/2015 10/27/2015 Through: From: For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories **COLUMN A AMOUNT OF** CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL TYPE OF CONTRIBUTION DATE RECEIVED MAILING ADDRESS OR OTHER RECEIPT CONTRIBUTION RECEIVED BY (street, number, city, state, ZIP code) Contributions: Robert McKinney Classification 647 Somerset Dr W ✓ Direct INDV 10/26/2015 Indianapolis, IN 46260 In-Kind (describe)

> Other Receipts Interest

Misc. (specify)

Loan

Signature of Treasurer	Title I CAS I CA	Date 10-27-15
Signature of Candidate (if applicable)	- -	Date

accurate report as requried by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be

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10/26/2015

From:

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report

(CFA-11)

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Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side. COMMITTEE INFORMATION 1. Full name of candidate(include any nickname) 2. Committee telephone number Check if this is a new name (317) 777-7276 Mr. Joe Hogsett Check if this is a new address 3. Mailing address (address where all campaign finance correspondence is received) 133 W. Market Street #190 State ZIP Code 5. Party affillation or if independent 46204 Democrat Indianapolis IN 6. Office sought (include district number, if any. Not required for exploratory committee) 7. County of residence Marion Mayor 8.. Reporting Period

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories

Through:

10/27/2015

	OR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS eet, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED RECEIVED BY
Classification NONE	Patrick Sullivan LLC 6955 N Keystone Ave Indianapolis, IN 46220	Contributions: ☑ Direct ☐ In-Kind (describe)		10/26/2015
Cantributor's O	ccupation (if applicable)	Other Receipts Interest Loan Misc. (specify)	\$1,500.00	

RTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BES	T OF MY KNOWLEDGE AND BELIEF IT IS T	RUE, CORRCET AND ACCURATE
Grature of Treasurer	Title Transver	Date 10. 27.15
consture of Candidate (if applicable)	Date	
<i>i</i>		Date

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Myla a. Eldridge

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completing this fo	rm, see instructions on the re-	erse side.				·
		COMMIT	TEE INFORMATION		· <u> </u>	
1. Full name of ca	andidate(include any nickname				ee telephone number	
Mr. Joe Ho	gsett			(317) 7	177-7276	
3. Mailng address 133 W. Marl	s <i>(address where all campa</i> cet Street #190	ign finance correspo	ndence is received)		Check If this is a new addre	ss
4. City	,	State	ZIP Code	5, Pa	arty affiliation or If independ	ent
Indianapol:	is	IN	46204	Dem	ocrat	
6. Office sought (include district number, if any.	Not required for ex	pioratory committe	e) 7. Co	ounty of residence	
Mayor			·	Mar	ion	
8 Reporting Per	iod			. A.		
From: 10	/26/2015		Through:	10/27/	2015	
	n, enter INDV for Individual; nich are not one of the above		tion committee; CO	RP for cor	poration; LAB for labor o	rganization; NONE
CONTRIBUTO	R'S FULL NAME AND OCCU	PATION FULL	TYPE OF CONTRIB		COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED
(str	eet, number, city, state, ZIP	ode)	OR OTHER REGI	HIP I	CONTRIBOTION	RECEIVED BY
Classification INDV	Joshua L. Smil 10356 high gro		Contributions:		-	
TNDA	Carmel, IN 460	1	In-Kind (describe)		10/26/2015
					•	
·			Other Receipts		\$1,000.00	
	e de la companya de l			oan		
		ior vice	Misc. (specify)			*
Contributor's O	cupation (if applicable) pre	sident,				

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO TH	CERTIFICATION HE BEST OF MY KNOWLEDGE AND BELIEF IT IS TR	UE, CORRCET AND ACCURATE
Signature of Treasurer Phonos	Title Treasurar	Date 10-27-15
Signature of Candidate (if applicable)		Date

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who falls to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

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